

Exhibit G

W. R. Grace
Asbestos Personal Injury
Questionnaire



WR GRACE PIQ 017400-0001



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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE



In re:) Chapter 11
)
W. R. GRACE & CO., <u>et al.</u> ,) Case No. 01-01139 (JKF)
) Jointly Administered
Debtors.)
)

W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201 S. LYNDAL AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.

INSTRUCTIONS**A. GENERAL**

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injury that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I -- Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II -- Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.



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D. PART III – Direct Exposure to Grace Asbestos-Containing Products

In Part III, please provide the requested information for the job and site at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. Use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

- | | |
|--|---|
| 01. Air conditioning and heating installer/maintenance | 31. Iron worker |
| 02. Asbestos miner | 32. Joiner |
| 03. Asbestos plant worker/asbestos manufacturing worker | 33. Laborer |
| 04. Asbestos removal/abatement | 34. Longshoreman |
| 05. Asbestos sprayer/spray gun mechanic | 35. Machinist/machine operator |
| 06. Assembly line/factory/plant worker | 36. Millwright/mill worker |
| 07. Auto mechanic/bodywork/brake repairman | 37. Mixer/bagger |
| 08. Boilermaker | 38. Non-asbestos miner |
| 09. Boiler repairman | 39. Non-occupational/residential |
| 10. Boiler worker/cleaner/inspector/engineer/installer | 40. Painter |
| 11. Building maintenance/building superintendent | 41. Pipefitter |
| 12. Brake manufacturer/installer | 42. Plasterer |
| 13. Brick mason/layer/hod carrier | 43. Plumber - install/repair |
| 14. Burner operator | 44. Power plant operator |
| 15. Carpenter/woodworker/cabinetmaker | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper | 46. Railroad worker/carman/brakeman/machinist/conductor |
| 17. Clerical/office worker | 47. Refinery worker |
| 18. Construction - general | 48. Remover/installer of gaskets |
| 19. Custodian/janitor in office/residential building | 49. Rigger/stevedore/seaman |
| 20. Custodian/janitor in plant/manufacturing facility | 50. Rubber/tire worker |
| 21. Electrician/inspector/worker | 51. Sandblaster |
| 22. Engineer | 52. Sheet metal worker/sheet metal mechanic |
| 23. Firefighter | 53. Shipfitter/shipwright/ship builder |
| 24. Fireman | 54. Shipyard worker (md. repair, maintenance) |
| 25. Flooring installer/tile installer/tile mechanic | 55. Steamfitter |
| 26. Foundry worker | 56. Steelworker |
| 27. Furnace worker/repairman/installer | 57. Warehouse worker |
| 28. Glass worker | 58. Welder/blacksmith |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other |
| 30. Insulator | |

Industry Codes

- | | |
|--|--|
| 001. Asbestos abatement/removal | 109. Petrochemical |
| 002. Aerospace/aviation | 110. Railroad |
| 100. Asbestos mining | 111. Shipyard-construction/repair |
| 101. Automotive | 112. Textile |
| 102. Chemical | 113. Tire/rubber |
| 103. Construction trades | 114. U.S. Navy |
| 104. Iron/steel | 115. Utilities |
| 105. Longshore | 116. Grace asbestos manufacture or milling |
| 106. Maritime | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy) | 118. Other |
| 108. Non-asbestos products manufacturing | |

**E. PART IV -- Indirect Exposure to Grace Asbestos-Containing Products**

In Part IV, please provide the information requested for any injury alleged to have been caused by asbestos-containing products through contact/proximity with another injured person. If you allege contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V -- Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI -- Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII -- Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX -- Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X -- Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

2. GENERAL INFORMATION

- b. LA WYER'S NAME AND FIRM

- c. CAUSE OF DEATH (IF APPLICABLE)**

- ## PART II. ASBESTOS-RELATED CONDITIONS

1. Please check the box next to the condition being alleged:

- a. **Mesothelioma:** If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

- REC'D JUL 12 2006

REDACTED

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

- b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with lung cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)*
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- ☐ other (please specify): _____

c. **Other Cancer:**

- (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

- ☐ colon ☐ pharyngeal ☐ esophageal ☐ laryngeal ☐ stomach cancer
- ☐ other, please specify: _____

- (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☒ evidence of asbestosis determined by pathology
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
- ☐ other (please specify): _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



d. Clinically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis (check all that apply):

- my guess*
- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
 - ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
 - ☒ asbestosis determined by pathology
 - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
 - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
 - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
 - ☐ other (please specify): _____

e. Asbestosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ asbestosis determined by pathology
- ☒ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☐ other (please specify): _____

PART II. ASBESTOS-RELATED CONDITION(S) (Continued)



f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ diagnosis determined by pathology
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☒ a chest x-ray reading other than those described above
- ☒ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a pulmonary function test other than that discussed above
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- ☐ a CT Scan or similar testing
- ☐ a diagnosis other than those above
- ☐ other (please specify): _____

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PART II: ASBESTOS-RELATED CONDITIONS (Continued)



WR GRACE PIQ 017400-0011

2. Information Regarding Diagnosis

Date of Diagnosis: See Attached Exhibit A ____/____/____Diagnosing Doctor's Name: See Attached Exhibit ADiagnosing Doctor's Specialty: See Attached Exhibit ADiagnosing Doctor's Mailing Address: See Attached Exhibit A
Address

City

State/Province

Zip/Postal Code

Diagnosing Doctor's Daytime Telephone Number: (See Attached Exhibit A)

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? ☐ Yes ☒ NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? ☐ Yes ☒ NoWas the diagnosing doctor referred to you by counsel? ☒ Yes ☐ NoAre you aware of any relationship between the diagnosing doctor and your legal counsel? ☐ Yes ☒ NoIf yes, please explain: N/AWas the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? ☒ Yes ☐ NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? ☐ Yes ☒ NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? ☒ Yes ☐ NoDid the diagnosing doctor perform a physical examination? ☒ Yes ☐ NoDo you currently use tobacco products? ☐ Yes ☐ NoHave you ever used tobacco products? ☐ Yes ☐ No

If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:

☐ Cigarettes Packs Per Day (half pack = .5) _____ Start Year _____ End Year _____☐ Cigars Cigars Per Day _____ Start Year _____ End Year _____☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____
Amount Per Day _____ Start Year _____ End Year _____Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? ☐ Yes ☒ No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

☒ Mobile laboratory ☐ Job site ☒ Union Hall ☐ Doctor office ☐ Hospital ☐ Other: _____Address where chest x-ray taken: 2535 old Halveston Rd (Union Hall)
Address

City

State/Province

Zip/Postal Code

Houston TX
one xray 61 foot of Halveston

REDACTED

P R I V I L E G I E D - U N D E R S T R I C T E D C O N D I T I O N S (C o n t i n u e d)



WR GRACE PIQ 017400-0012

4. Information Regarding Chest X-Ray Reading

See Attached Exhibit A

Date of Reading: 1/1/ ILO score: _____Name of Reader: See Attached Exhibit AReader's Daytime Telephone Number: See Attached Exhibit AReader's Mailing Address: See Attached Exhibit A
Address

City _____ State/Province _____ Zip/Postal Code _____

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed? ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the reader? ☐ Yes ☒ NoWas the reader referred to you by counsel? ☒ Yes ☐ NoAre you aware of any relationship between the reader and your legal counsel? ☐ Yes ☒ NoIf yes, please explain: N/AWas the reader certified by the National Institute for Occupational Safety and Health at the time of the reading? ☒ Yes ☐ NoIf the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: N/A

5. Information Regarding Pulmonary Function Test:

See Attached Exhibit A

Date of Test: 1/1/List your height in feet and inches when test given: See Attached Exhibit A ft _____ inchesList your weight in pounds when test given: See Attached Exhibit A lbsTotal Lung Capacity (TLC): See Attached Exhibit A % of predictedForced Vital Capacity (FVC): See Attached Exhibit A % of predictedFEV1/FVC Ratio: See Attached Exhibit A % of predictedName of Doctor Performing Test (if applicable): See Attached Exhibit ADoctor's Specialty: See Attached Exhibit AName of Clinician Performing Test (if applicable): see Attached Exhibit ATesting Doctor or Clinician's Mailing Address: see Attached Exhibit A
Address

City _____ State/Province _____ Zip/Postal Code _____

Testing Doctor or Clinician's Daytime Telephone Number: See Attached Exhibit AName of Doctor Interpreting Test: See Attached Exhibit ADoctor's Specialty: see Attached Exhibit AInterpreting Doctor's Mailing Address: see Attached Exhibit A
Address

City _____ State/Province _____ Zip/Postal Code _____

Interpreting Doctor's Daytime Telephone Number: See Attached Exhibit A

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PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

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With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes:If the test was performed by a doctor, was the doctor your personal physician? ☐ Yes ☒ NoWas the testing doctor and/or clinician paid for the services that he/she performed? ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? ☐ Yes ☒ NoWas the testing doctor or clinician referred to you by counsel? ☒ Yes ☐ NoAre you aware of any relationship between either the doctor or clinician and your legal counsel? ☐ Yes ☒ NoIf yes, please explain: N/A**Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test?** ☒ Yes ☐ No**With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:**Was the doctor your personal physician? ☐ Yes ☒ NoWas the doctor paid for the services that he/she performed? ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? ☐ Yes ☒ NoWas the doctor referred to you by counsel? ☒ Yes ☐ NoAre you aware of any relationship between the doctor and your legal counsel? ☐ Yes ☒ NoIf yes, please explain: N/A**Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed?** ☒ Yes ☐ No**6. Information Regarding Pathology Reports:**

Date of Pathology Report: _____ / _____ / _____

Findings: _____

Name of Doctor Issuing Report: N/A

Doctor's Specialty: _____

Doctor's Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Doctor's Daytime Telephone Number: _____ (____) _____ - _____

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:Was the doctor your personal physician? ☐ Yes ☐ NoWas the doctor paid for the services that he/she performed? ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? ☐ Yes ☐ NoWas the doctor referred to you by counsel? ☐ Yes ☐ NoAre you aware of any relationship between the doctor and your legal counsel? ☐ Yes ☐ No

If yes, please explain: _____

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?_____ ☐ Yes ☐ No

REDACTED

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition? ☐ Yes ☐ No

If yes, please complete the following:

Name of Treating Doctor: _____

Treating Doctor's Specialty: _____

Treating Doctor's Mailing Address: _____

Address

City

State/Province

Zip/Postal Code

Treating Doctor's Daytime Telephone number: _____ (____) _____ - _____

Was the doctor paid for the services that he/she performed? ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? ☐ Yes ☐ No

[REMAINDER OF PAGE INTENTIONALLY BLANK]

PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
 (b) A worker who personally removed or cut Grace asbestos-containing products
 (c) A worker who personally installed Grace asbestos-containing products
 (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
 (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
 (f) If other, please specify.

Site of Exposure:

Site Name: Monsanto Chemical Location: Bay St Texas City TX.

Site Type: ☐ Residence ☐ Business Site Owner: _____

Employer During Exposure: Monsanto Chem. Unions of which you were a member during your employment: Local 211

Job Description:	Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code (If Code 59, specify)	Industry Code (If Code 418, specify)	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? (If yes, please indicate your regular proximity to substances)	Nature of Exposure
Job 1 Description:			1952-1982				Bad !!!
Job 2 Description:			30 years ago 7 days/week			Installation & Good Ductwork	Monsanto Chem
Job 3 Description:			7th Street 7-8 PM			Rolling Kettles	Since Day 3 yrs
Job 4 Description:			1973-1986			Crew quarters	all time
Job 5 Description:			Now 7 hours				
Job 6 Description:							



PART IV- INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCT



WR GRACE PIQ 017400-0016

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? If it was used in Piping Hangers! ☒ Yes ☐ No
If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.
2. Please indicate the following information regarding the other injured person:
Name of Other Injured Person: HE Baker Installation Gender: ☒ Male ☐ Female
Last Four Digits of Social Security Number: No Knowledge Birth Date: / /
3. What is your Relationship to Other Injured Person: ☐ Spouse ☐ Child ☒ Other
4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:
Don't Know From: / / To: / /
6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:
Don't Know
7. Has the Other Injured Person filed a lawsuit related to his/her exposure? ☒ Yes ☐ No
If yes, please provide caption, case number, file date, and court name for the lawsuit:
Caption: Not Sure
Case Number: _____ File Date: / /
Court Name: _____
8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:
Stacks in lungs
9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:
Don't Remember From: / / To: / /
10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:


[REMAINDER OF PAGE INTENTIONALLY BLANK]

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

- (a) A worker who personally mixed or cut Non-Grace asbestos-containing products
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

see Exh C

Site Name:	Address:	City and State:	Site Owner:
Site of Exposure 1			
Job 1 Description:			
Job 2 Description:			
Job 3 Description:			
Site of Exposure 2			
Job 1 Description:			
Job 2 Description:			
Job 3 Description:			
Site of Exposure 3			
Job 1 Description:			
Job 2 Description:			
Job 3 Description:			



WR GRACE PIQ 0174



WR GRACE PIQ 017400-0017



WR GRACE PIQ 017400-0018

PART VI: EMPLOYMENT HISTORY

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: 41-55 If Code 59, specify: See Attached Exhibit B
 Industry Code: _____ If Code 118, specify: See Attached Exhibit B
 Employer: Monsanto See Attached Exhibit B
 Beginning of Employment: 10/1/1952 End of Employment: 11/1/1982
 Location: Texas City See Attached Exhibit B
 Address

City Texas City State/Province Zip/Postal Code

Occupation Code: 41-55 If Code 59, specify: See Attached Exhibit B
 Industry Code: _____ If Code 118, specify: _____
 Employer: Stone & Webster (Construction)
 Beginning of Employment: 1/1/1952 End of Employment: 10/1/1952 months
 Location: at Monsanto plant between Tennessee
 Address Job and Fall of 52

City Texas City State/Province Zip/Postal Code

Occupation Code: 41-55 If Code 59, specify: See Attached Exhibit B
 Industry Code: _____ If Code 118, specify: _____
 Employer: Tin Smelter
 Beginning of Employment: 3/1/1946 End of Employment: 1/1/1951 6 months
 Location: Texas City Texas
 Address

City Texas City State/Province Zip/Postal Code

Occupation Code: 41-55 If Code 59, specify: See Attached Exhibit B
 Industry Code: _____ If Code 118, specify: _____
 Employer: _____
 Beginning of Employment: 1/1/1952 End of Employment: 1/1/1952
 Location: Monsanto plant one or two months
 Address

City State/Province Zip/Postal Code

PART VII LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA

**a. LITIGATION**

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? ☒ Yes ☐ No
If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire
2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:
Caption: See Attached Exhibit C
Case Number: See Attached Exhibit C File Date: 07/28/1998
Court Name: See Attached Exhibit C
3. Was Grace a defendant in the lawsuit? ☒ Yes ☐ No
4. Was the lawsuit dismissed against any defendant? ☒ Yes ☐ No
If yes, please provide the basis for dismissal of the lawsuit against each defendant:
See General Objections and further objection is made
in that answer calls for attorney work-product.
5. Has a judgment or verdict been entered? ☐ Yes ☒ No
If yes, please indicate verdict amount for each defendant(s): _____
6. Was a settlement agreement reached in this lawsuit? ☒ Yes ☐ No
If yes and the settlement was reached on or after April 2, 2001, please indicate the following:
 - a. Settlement amount for each defendant: See General Objections
 - b. Applicable defendants: See General Objections
 - c. Disease or condition alleged: See General Objections
 - d. Disease or condition settled (if different than disease or condition alleged): _____
7. Were you deposed in this lawsuit? ☒ Yes ☐ No
If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.

b. CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? ☐ Yes ☐ No
If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.
2. Date the claim was submitted: See General Objections ____/____/____
3. Person or entity against whom the claim was submitted: See General Objections
4. Description of claim: See General Objections
5. Was claim settled? ☐ Yes ☐ No
6. Please indicate settlement amount: \$ _____
7. Was the claim dismissed or otherwise disallowed or not honored? ☐ Yes ☐ No
If yes, provide the basis for dismissal of the claim: _____

REDACTED

PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS



WR GRACE PIQ 017400-0020

Name of Dependent or Related Person: _____

Gender: ☐ Male ☒ Female

Last Four Digits of Social Security Number: _____

Birth Date: _____

Financially Dependent: _____

☐ Yes ☒ NoRelationship to Injured Party: ☒ Spouse ☐ Child ☐ Other If other, please specify None

Mailing Address: _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Daytime Telephone number: _____

PART IX: SUPPORTING DOCUMENTATION

Please use the checklists below to indicate which documents you are submitting with this form.

Copies:

- ☒ Medical records and/or report containing a diagnosis
☐ Lung function test results
☒ Lung function test interpretations
☐ Pathology reports
☐ Supporting documentation of exposure to Grace asbestos-containing products
☒ Supporting documentation of other asbestos exposure

- ☐ X-rays
☒ X-ray reports/interpretations
☐ CT scans
☐ CT scan reports/interpretations
☐ Depositions from lawsuits indicated in Part VII of this Questionnaire
☐ Death Certification

Originals:

- ☐ Medical records and/or report containing a diagnosis
☐ Lung function test results
☐ Lung function test interpretations
☐ Pathology reports
☐ Supporting documentation of exposure to Grace asbestos-containing products

- ☐ Supporting documentation of other asbestos exposure
☐ X-rays
☐ X-ray reports/interpretations
☐ CT scans
☐ CT scan reports/interpretations
☐ Death Certification

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:

PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571. **TO BE COMPLETED BY THE INJURED PERSON.**

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete. as close as possible

Signature: _____

Date: 02/16/2006

Please Print Name: _____

REDACTED

TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: _____

Date: ____/____/____

Please Print Name: _____

REDACTED



PHILLIP H. LUCAS, M. D.

RADIOLOGY • INTERNAL MEDICINE • NIOSH B-READER

220 Winged Foot Circle
Jackson, Mississippi 39211
(601) 957-2262 • Fax (601) 957-6912

REDACTED

PA and lateral chest radiographs dated 07/19/97 were evaluated for the presence and classification of asbestos related pneumoconiosis utilizing the 1980 ILO guidelines.

The film quality is 2 secondary to an artifact. The heart, mediastinum and pulmonary vasculature are normal. Irregular interstitial opacities are seen throughout both lungs, the size and shape of which are classified as t/t, and the profusion is 1/0. The pleural surfaces are unremarkable, and no other significant defects are found.

OPINION:

Bilateral interstitial fibrotic changes consistent with asbestosis in a patient who has had an adequate exposure history and latent period.

Phillip H. Lucas

Phillip H. Lucas, M. D.

PHL/al
08/08/97

EXHIBIT
"A"



WR GRACE PIQ 017400-0022

PHILLIP H. LUCAS, M. D.
 RADIOLOGY • INTERNAL MEDICINE • NIOSH B-READER

220 Winged Foot Circle
 Jackson, Mississippi 39211
 (601) 957-2262 • Fax (601) 957-6912

WORKER'S Social Security Number

TYPE OF READING

A ☒ P

DATE OF READING

MONTH	DAY	YR
02	30	97

1A. DATE OF X-RAY <table border="1"> <tr> <th>MONTH</th> <th>DAY</th> <th>YR</th> </tr> <tr> <td>02</td> <td>30</td> <td>97</td> </tr> </table>		MONTH	DAY	YR	02	30	97	1B. FILM QUALITY <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>U_R</td> </tr> </table>		1	2	3	U _R	1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> Proceed to Section 3 NO <input checked="" type="checkbox"/> Proceed to Section 2																																
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02	30	97																																												
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2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 1																																														
2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table border="1"> <tr> <td>P</td> <td>S</td> <td>P</td> <td>S</td> </tr> <tr> <td>q</td> <td>X</td> <td>q</td> <td>X</td> </tr> <tr> <td>r</td> <td>u</td> <td>r</td> <td>u</td> </tr> </table>			P	S	P	S	q	X	q	X	r	u	r	u	b. ZONES <table border="1"> <tr> <td>X</td> <td>X</td> </tr> <tr> <td>X</td> <td>X</td> </tr> <tr> <td>X</td> <td>X</td> </tr> </table> R · L		X	X	X	X	X	X																								
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input checked="" type="checkbox"/> PROCEED TO SECTION 4																																														
3B. PLEURAL THICKENING a. DIAPHRAGM (plaque) SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L b. COSTOPHRENIC ANGLE SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L		3C. PLEURAL THICKENING ... Chest Wall a. CIRCUMSCRIBED (plaque) SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L IN PROFILE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C i. WIDTH <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 ii. EXTENT <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 FACE ON <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 iii. EXTENT <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																																												
3D. PLEURAL CALCIFICATION SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L EXTENT <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 a. DIAPHRAGM b. WALL c. OTHER SITES		b. DIFFUSE SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L IN PROFILE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C i. WIDTH <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 ii. EXTENT <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 FACE ON <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 iii. EXTENT <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 PROCEED TO SECTION 4																																												
4A. ANY OTHER ABNORMALITIES? YES <input type="checkbox"/> COMPLETE 4B and 4C NO <input checked="" type="checkbox"/> PROCEED TO SECTION 5																																														
4B. OTHER SYMBOLS (OBLIGATORY) <table border="1"> <tr> <td>O</td> <td>a</td> <td>x</td> <td>b</td> <td>u</td> <td>c</td> <td>a</td> <td>c</td> <td>n</td> <td>c</td> <td>o</td> <td>c</td> <td>p</td> <td>c</td> <td>v</td> <td>d</td> <td>e</td> <td>f</td> <td>e</td> <td>m</td> <td>e</td> <td>s</td> <td>f</td> <td>r</td> <td>h</td> <td>i</td> <td>h</td> <td>o</td> <td>i</td> <td>d</td> <td>i</td> <td>h</td> <td>k</td> <td>i</td> <td>c</td> <td>i</td> <td>p</td> <td>x</td> <td>r</td> <td>d</td> <td>t</td> <td>b</td> </tr> </table>					O	a	x	b	u	c	a	c	n	c	o	c	p	c	v	d	e	f	e	m	e	s	f	r	h	i	h	o	i	d	i	h	k	i	c	i	p	x	r	d	t	b
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Report items which may be of present clinical significance in this section. <input type="checkbox"/> OD (SPECIFY od.) Date Personal Physician notified? <table border="1"> <tr> <th>MONTH</th> <th>DAY</th> <th>YR</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>					MONTH	DAY	YR																																							
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4C. OTHER COMMENTS 																																														
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																														

REDACTED



WR GRACE PIQ 017400-0023

Pulmonary & Critical Care Consultants of Austin, LLP

DATE OF EXAM: 7/09/99

DOWNTOWN OFFICE

AUSTIN DOCTORS BUILDING

1305 WEST 34TH STREET

SUITE 400

AUSTIN TX 78705

PHONE • 512/459•6599

FAX • 512/459•8496

NORTHWEST OFFICE

SETON NORTHWEST

11111 RESEARCH BLVD.

SUITE 210

AUSTIN TX 78759

PHONE • 512/459•6599

FAX • 512/459•8496

REDACTED

REDACTED**PHYSICIAN: Dr. Cochrane, Family Practitioner**

is a 74 year old gentleman who has a rare cough. When he does have the cough he brings up some white phlegm. He says that he wheezes occasionally. It is not a regular occurrence. He doesn't take any medicine for it. He can walk a mile on level ground easily and thinks he can go many more. He can go up stairs easily. He goes up three or four flights without stopping.

PAST LUNG DISEASE: He had pneumonia in '75, no other history of chronic lung disease.

SMOKING HISTORY: He smoked three or four cigarettes a day for about 13 years. He quit 30 years ago completely.

OCCUPATIONAL HISTORY: He was in the Navy from '43 to '46. From '46 to '52 he worked in a tin smelter casting tin. He worked as a pipe fitter. He says that there was a lot of insulated and covered pipe that he was exposed to. He says he did some maintenance work and repair work and this pipe covering was disturbed. He worked around a lot of very hot areas and believes there was asbestos in this environment but doesn't recall specific details. He did not wear a mask there. He didn't do any sandblasting there. He worked for Monsanto from '52 to '82 as a pipe fitter. He has used asbestos rope. He has unraveled it. He has mixed it with epoxy as a wrapping for caustic pipe packing. He has used asbestos gaskets. He has used fire blankets extensively. He has mixed up asbestos shorts with water to make a mud. He has used transite siding. He has drilled holes in it with a variety of different instruments. He was unemployed from '82 to '94. He occasionally wore a paper mask. He says it was not typical nor regular.

PAST MEDICAL HISTORY: He doesn't have any allergies to medications. He takes Captopril. He had a TURP in January of '98. He has hypertension and a hiatal hernia.

FAMILY HISTORY: A sister has breast cancer. Mother has diabetes and father has hypertension.

SOCIAL HISTORY: He has a beer now and then.

REVIEW OF SYSTEMS: He has indigestion. He has difficulty swallowing.

PHYSICAL EXAMINATION: Blood pressure is 140/90. Pulse 88 and regular. Respirations 12 and unlabored. Weight 183 lbs.

WILLIAM J. DEATON, MD, PA

MARK C. CLARK, MD, PA

FRANK G. MAZZA, MD, PA

MICHAEL SHAPIRO, MD, PA

JORDAN S. WEINGARTEN, MD, PA

MARK S. KLEPPER, MD, PA

PAUL H. HARFORD, MD, PA

KENNETH A. PERRET, MD, PA

**Pulmonary &
Critical Care
Consultants
of Austin, LLP**



WR GRACE PIQ 017400-0024

REDACTED

PAGE 2

HEAD & NECK: There is no JVD or adenopathy. Oropharynx is clear. Nose is clear. Ears are normal with normal TM's. No thyromegaly. Carotid upstrokes are full bilaterally without bruits.

CHEST: Breath sounds are clear and equal bilaterally. There are no wheezes or rales.

CARDIAC EXAM: Regular rate and rhythm with a normal S1 and S2.

ABDOMEN: Soft and nontender with normal bowel sounds. No hepatosplenomegaly or masses.

EXTREMITIES: No cyanosis, clubbing or edema.

NEUROLOGICAL: Alert and oriented times 3 and nonfocal.

His chest x-ray from today shows a good quality PA and lateral film. He has bilateral interstitial infiltrates of relatively low profusion on this radiograph composed of small and medium-sized irregular and rounded opacities. He has bilateral pleural plaque with in profile and en face components. There is a suggestion of pleural plaque on the left hemidiaphragm but this is not well seen, however. The lateral shows no additional abnormalities. His older x-ray is available for review. It is dated 7/18/97. This older x-ray shows bilateral interstitial infiltrates and in retrospect it does show the pleural plaque. It is more apparent on the left than the right. However, I do see the same changes. This confirms the presence of this abnormality.

Pulmonary function tests show normal flow rates, mild restriction, and normal diffusion when corrected for alveolar volume.

ASSESSMENT & PLAN:

1. This is an elderly gentleman who has been exposed to asbestos in the work place over many years who has interstitial fibrosis due to asbestosis. He also has asbestos related pleural disease with bilateral pleural plaque as described. I have explained these findings to him as well as his future risk of progressive pulmonary fibrosis, pulmonary insufficiency, lung cancer, and other asbestos related malignancies. He understands and will follow-up with his physician on a regular basis.

Mark Klepper, M.D.
MSK:ss

xc: Foster & Sear

PULMONARY AND CRITICAL CARE CONSULTANTS OF A

WR GRACE PIQ 017400-0026

Pulmonary Function Analysis

Name:

Id:

Technician: M. CHESNUTT CCPT

Physician: M. KLEPPER, M.D.

Date: 07/09/99

Age: 74

Height(in): 71

Weight(lb): 193

Gender: Male

Race: Caucasian

**Spirometry**

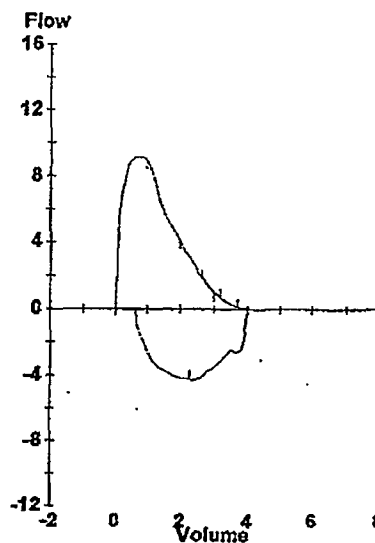
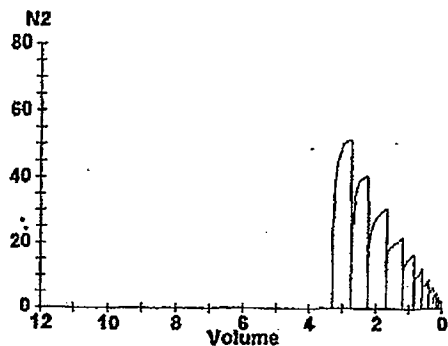
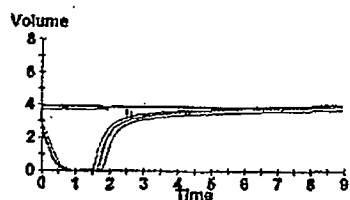
		Ref	Pre Meas	Pre % Ref	Post % Chg
FVC	Liters	4.57	4.00	88	
FEV1	Liters	3.46	3.21	93	
FEV1/FVC	%	76	80		
FEF25-75%	L/sec	2.99	3.16	106	
PEF	L/sec	8.36	9.15	109	

**Lung Volumes**

VC	Liters	4.57	4.00	88
IC	Liters	3.01	(3.83)	(127)
ERV	Liters	1.51	(0.55)	(36)
FRC DII	Liters	3.87	(1.56)	(40)
RV	Liters	2.58	(1.39)	(54)
TLC	Liters	7.21	(5.39)	(75)
RV/TLC	%	37	(26)	

**Diffusion**

DLCO	mL/min/mmHg	32.3	(20.4)	(63)
VA	Liters		6.36	
DLCO/VA	1/min/mmHg	4.56	3.21	70



REDACTED

PULMONARY AND CRITICAL CARE
CONSULTANTS OF AUSTIN
1305 WEST 34TH STREET SUITE 400
AUSTIN, TEXAS 78705



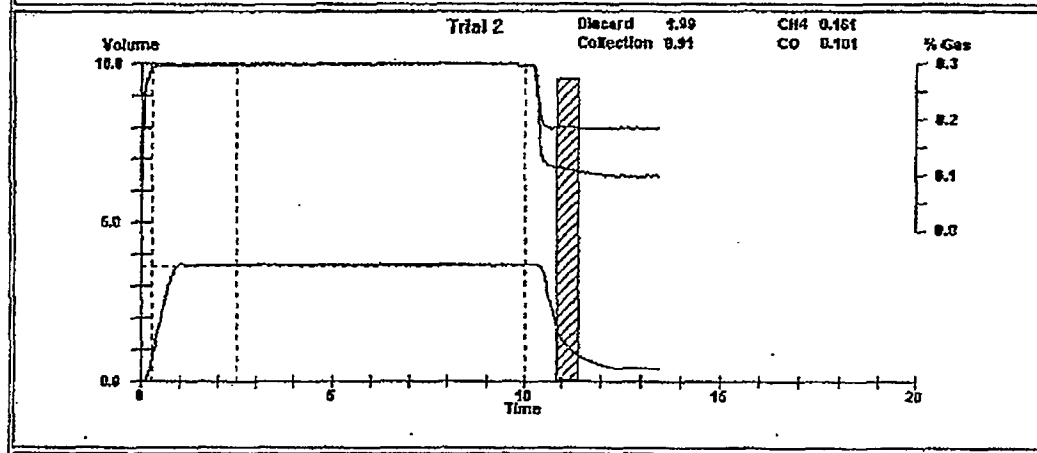
W/R GRACE PIQ 017400-0026

Date: 07/09/99

Pre

Single Breath DLCO ---

	Ref	Best	% Ref	1	2
DLCO	32.3	20.4	63	21.5	19.3
DL Adj	32.3	20.4	63	21.5	19.3
IVC		3.70		3.71	3.69
VA		6.36		6.28	6.44
DL/VA Adj		3.21		3.42	3.00



REDACTED

CONSULTANTS OF AUSTIN
1305 WEST 34TH STREET SUITE 400
AUSTIN, TEXAS 78705



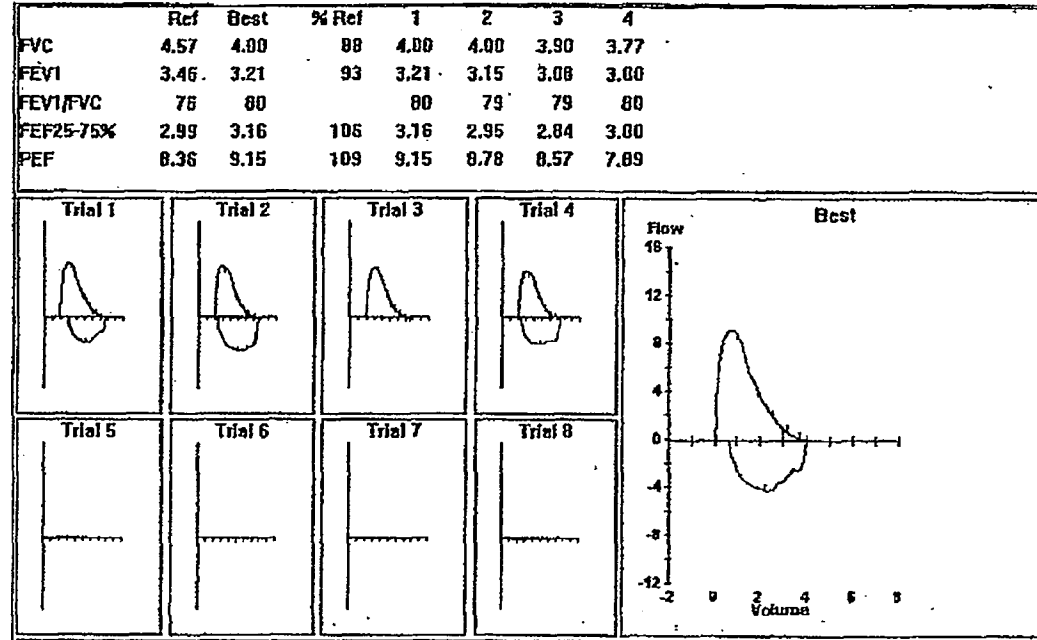
WR GRACE PIQ 017400-0027

Date: 07/09/99

Pre

REDACTED

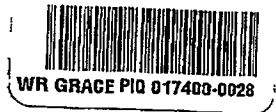
Flow Volume Loop



REDACTED

NAME:

NICKNAME:

GROUP NAME: CANTRELL.CWORK HISTORY SHEETEMPLOYER: SEE ATTACHED LISTSUPERVISOR: Jim HickeyJOB SITE: SEE ATTACHED LIST

NAMES OF COWORKERS & JOB TITLES:

CITY, STATE: SEE ATTACHED LISTH.E. BakerJohn StokesDATE OF JOB: SEE ATTACHED LISTW.G. RichardsonH.G. Splawn

EXPOSURE TO

ASBESTOS PRODUCTS: _____

J.B. Butler

LENGTH OF JOB: _____

MY DUTIES AT THIS JOB SITE:

Pipe fitterON THIS JOB SITE WERE YOU EXPOSED
ANY OF THE FOLLOWING:WAS JOB NEW CONSTRUCTION _____;
REPAIR _____; or BOTH XCHEMICALS YES _____ NO XFUMES YES X NO _____WAS JOB INDOORS? _____;
OUTDOORS? _____; or BOTH XGASES YES X NO _____CHROMIUM YES _____ NO XCADMIUM YES _____ NO X

REASON FOR LEAVING:

Retired Early Ret.ANY OTHER PRODUCT YES _____ NO X

LIST: _____

WAGE RATE/HOUR: Dont RememberDID YOU WEAR A RESPIRATOR, MASK OR
OTHER PROTECTIVE DEVICE ON THIS JOB
TO AVOID INHALATION OF ANY DUST OR
FUMES INCLUDING ASBESTOS DUST?AVERAGE HOURS WORKED/WEEK: 40+YES: _____ NO: XPERCENTAGE OF TIME EXPOSED TO
ASBESTOS PRODUCTS: 100%

COMMENTS:

ASBESTOS MATERIALS USED ON THIS JOB:all kinds asbestos

WORKED
WITH AROUND

SEE ATTACHMENT 'A'
FOR PRODUCTS USED AT VARIOUS SITESEXHIBIT
"B"

NAME:

REDACTED

ALIAS NAME:

SECOND NAME:

CANTRELL, C



WR GRACE PIQ 017400-0029

WORK HISTORY SHEET

EMPLOYERS AND JOB SITES

Tim Smelter

Tim Smelter Plant

Texas City, Texas

1947-1952

Refrigerant *Superfitter Operator*

United Engineers

Monsanto Chemical Plant

Texas City, Texas

1951 *one year*

Scogg & Webster Construction

Monsanto Chemical Plant

Texas City, Texas

1951 *3 mo*

Monsanto

Monsanto Chemical Plant

Texas City, Texas

1951-1982

Best I Can Remember (Sorry)

all Dates and times are

Given or taken

REDACTED

REDACTED



NAME: **REDACTED**
 NICKNAME: _____
 GROUP NAME: CANTRELL.C

WORK HISTORY SHEET

Attachment A
Product List

ASBESTOS MATERIALS USED ON THIS JOB AND COMPANY:

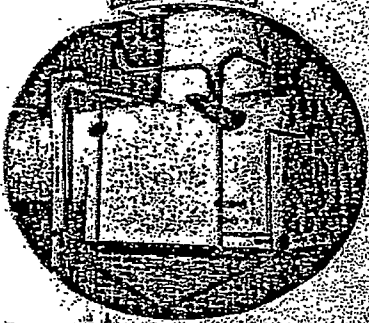
		WORKED <u>WITH</u>	<u>AROUND</u>
INSULATING CEMENT:	Johns-Manville		X
	Calsilite		X
	Grefco		X
	Calcrete		X
GUN MIX:	Unknown		X
FIREPROOFING:	Unknown		X
GASKETS:	Flexitallic	X	X
	Armstrong	X	X
	Garlock	X	X
PACKING:	Garlock	X	X
	Johns-Manville	X	X
PIPE COVERING:	Kaylo		X
	Calsilite		X
	Mundet		X
BLOCK INSULATION:	Unknown		X
FIRE BLANKETS:	Unknown		X
TRANSITE PIPE:	Johns-Manville	X	X
	Chemitite/Haveg	X	X
BOILERS:	Unknown		X
AIR COMPRESSOR:	Ingersoll-Rand	X	X

REDACTED



WR GRACE PIQ 017400-0032

ZONOLITE
High Temperature
INSULATING CEMENT



SAVES HEAT...
... SAVES MONEY

Zonolite High Temperature Insulating Cement

I worked WITH _____ this product.

I worked AROUND _____ this product.

Pg. 1

Dan Reganera

Please indicate where and when you used this product.

1) Employer:	<i>Monsanto Chem</i>		
2) Occupation Code:	<i>Pipe fitter</i>		
3) Name of Supervisor:	<i>Jim Hecker</i>		
4) Job Site Location:	<i>Monsanto</i>	City: <i>TEXAS City</i>	State <i>TX</i>
5) Years:	From: <i>1982</i> To: <i>1982</i>		

1) Employer:	<i>Tin Gmelter</i>		
2) Occupation Code:	<i>Pipe fitter & operator</i>		
3) Name of Supervisor:	<i>Austin Wacker</i>		
4) Job Site Location:	<i>TEXAS City</i>	City: <i>TEXAS City</i>	State <i>TX</i>
5) Years:	From: <i>1946</i> To: <i>1952</i>		

1) Employer:			
2) Occupation Code:			
3) Name of Supervisor:			
4) Job Site Location:		City:	State
5) Years:	From: To:		

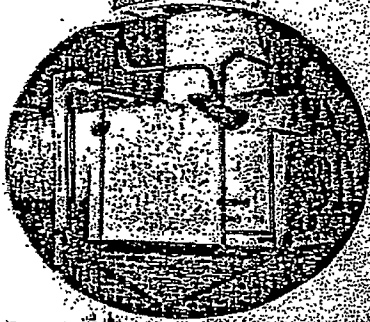
REDACTED

Initial



WR GRACE PIQ 017400-0033

ZONOLITE
High Temperature
INSULATING CEMENT



SAVES HEAT...
... SAVES MONEY

Zonolite High Temperature Insulating Cement

I worked WITH _____ this product.

I worked AROUND ? this product.*Don't know*

Pg. 1

*all as best as
to my knowledge*

Please indicate where and when you used this product.

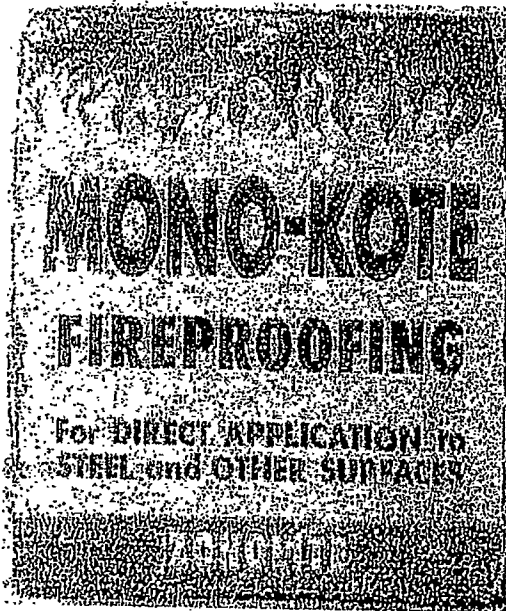
1) Employer:	<i>Ten Smelter</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Austin Weeks</i>
4) Job Site Location:	<i>Texas City</i> City: <i>TEXAS</i> State: <i>TX</i>
5) Years:	From: <i>1946</i> To: <i>52</i>

1) Employer:	
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Jim Hickey</i>
4) Job Site Location:	<i>Mesaado</i> City: <i>TX City</i> State: <i>TX</i>
5) Years:	From: <i>1952</i> To: <i>52</i>

1) Employer:	
2) Occupation Code:	<i>41-55</i> <i>stones & Webster</i>
3) Name of Supervisor:	<i>DONT KNOW</i> <i>(United Eng construction)</i>
4) Job Site Location:	<i>Mesaado</i> City: <i>TEXAS City</i> State: <i>TX</i>
5) Years:	From: <i>1951</i> To: <i>52</i>

REDACTED

Initial

**Monokote Fireproofing**

I worked WITH _____ this product.

I worked AROUND ☒ this product.

Pg. 2

*If this was used at this
Plant I worked in it*

Please indicate where and when you used this product.

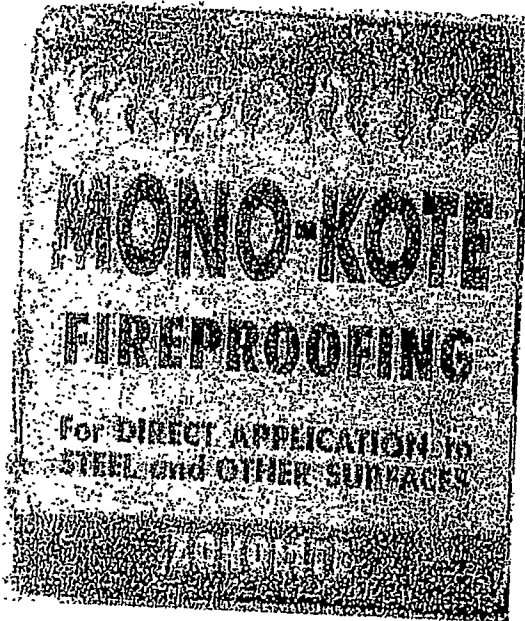
1) Employer:	<i>Marsanto Ch. Texas City</i>		
2) Occupation Code:	<i>41-55</i>		
3) Name of Supervisor:	<i>Same as before</i>		
4) Job Site Location:	City:	State	
5) Years:	From:	To:	

1) Employer:			
2) Occupation Code:			
3) Name of Supervisor:			
4) Job Site Location:	City:	State	
5) Years:	From:	To:	

1) Employer:			
2) Occupation Code:			
3) Name of Supervisor:			
4) Job Site Location:	City:	State	
5) Years:	From:	To:	

REDACTED

Initial



Monokote Fireproofing

I worked WITH _____ this product.

I worked AROUND _____ this product.

Dont Know

Pg. 2

all asbestos

Please indicate where and when you used this product.

1) Employer:	<i>Ten Smelter</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Bustin Weeks</i>
4) Job Site Location:	<i>Texas City</i> City: <i>Tex. City</i> State: <i>TX</i>
5) Years:	From: <i>46</i> To: <i>51</i> <i>6 or 7 years</i>

1) Employer:	<i>Marasato Co</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Jim Hickey</i>
4) Job Site Location:	<i>Tex. City</i> City: <i>Tex City</i> State: <i>TX</i>
5) Years:	From: <i>82</i> To: <i>82</i> <i>39 years</i>

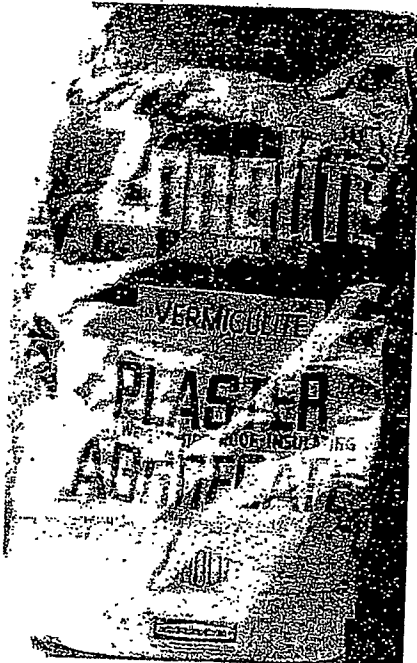
1) Employer:	<i>Stone B. Webster (Construction)</i>
2) Occupation Code:	<i>41-55</i> <i>United Eng.</i>
3) Name of Supervisor:	<i>Dont Know</i>
4) Job Site Location:	<i>Marasato Co</i> City: <i>Tex. City</i> State: <i>TX</i>
5) Years:	From: <i>Between 1951 - 1952</i>

REDACTED

Initial



Pg. 3

**Zonolite Plaster**

I worked WITH _____ this product.

I worked AROUND _____ this product.

Don't Know

Please indicate where and when you used this product.

1) Employer:	<i>Tin Smelter</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Buster Weeks</i>
4) Job Site Location:	<i>Tex City</i> City: <i>Tex. City</i> State <i>TX</i>
5) Years:	From <i>1944</i> To: <i>1951</i> ??

1) Employer:	<i>Monsanto Corp</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Jim Hickman</i>
4) Job Site Location:	<i>Tex. City</i> City: <i>Tex. City</i> State <i>TX</i>
5) Years:	From: <i>52</i> To: <i>1982</i> 30 years

1) Employer:	<i>Stone White & Unital Eng.</i>
2) Occupation Code:	<i>41-55</i> (Construction)
3) Name of Supervisor:	<i>Don't Know</i>
4) Job Site Location:	<i>Monsanto</i> City: <i>Tex. City</i> State <i>TX</i>
5) Years:	<i>7 between 51-52</i>

REDACTED

Initial



WR GRACE PIQ 017403-0037

Pg. 3

Zonolite Plaster

I worked WITH _____ this product.

I worked AROUND ☒ this product.

*If used at this site I
was in contact with this product*

Please indicate where and when you used this product.

1) Employer:	<i>Monsanto Co Texas City</i>		
2) Occupation Code:	<i>41-53</i>		
3) Name of Supervisor:	<i>James Co. 482</i>		
4) Job Site Location:	City:	State	
5) Years:	From:	To:	

1) Employer:	<i>Tin Smelter Texas City</i>		
2) Occupation Code:			
3) Name of Supervisor:			
4) Job Site Location:	City:	State	
5) Years:	From:	To:	

1) Employer:			
2) Occupation Code:			
3) Name of Supervisor:			
4) Job Site Location:	City:	State	
5) Years:	From:	To:	

REDACTED

Initial



WR GRACE PIQ 017400-0038

Pg. 4

**Zonolite Monokote Fireproofing**

I worked WITH _____ this product.

I worked AROUND _____ this product.

Don't know

*If it was at Monsanto Tex City
I was in contact*

Please indicate where and when you used this product.

1) Employer:	<i>Tenn Smelter</i>
2) Occupation Code:	<i>41-55 operator</i>
3) Name of Supervisor:	<i>Austin Weeks</i>
4) Job Site Location:	<i>Tenn City</i> City: <i>Tenn City</i> State: <i>TX</i>
5) Years:	From <i>1946</i> To: <i>51 ??</i>

1) Employer:	<i>Monsanto</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Jim Hickey</i>
4) Job Site Location:	<i>Monsanto</i> City: <i>Tenn City</i> State: <i>TX</i>
5) Years:	From <i>1952</i> To: <i>1982</i>

1) Employer:	<i>Shane Webster - United Eng.</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Don't know</i>
4) Job Site Location:	<i>Monsanto</i> City: <i>Tenn City</i> State: <i>TX</i>
5) Years:	From: <i>?</i> To: <i>?</i>

REDACTED

Initial

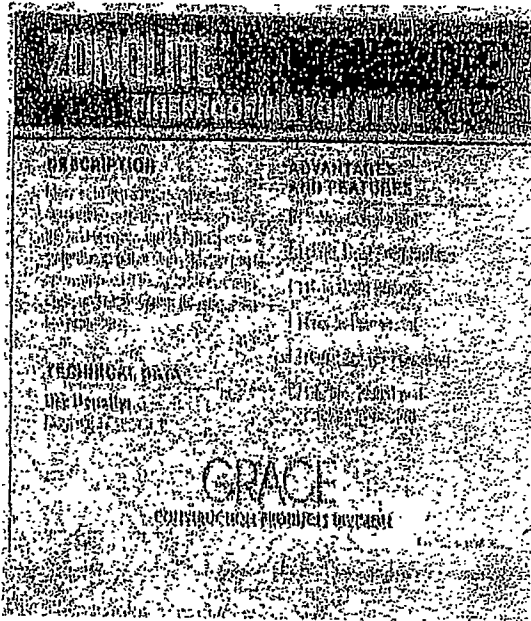


WR GRACE PIQ 017400-0039

Pg. 4

Zonolite Monokote Fireproofing

I worked WITH _____ this product.

I worked AROUND ☒ this product.

*If this Product was used
I would have been in
Don't know Contact with it*

Please indicate where and when you used this product.

1) Employer:	<u>Marsanto Co</u>		
2) Occupation Code:	<u>41-55</u>		
3) Name of Supervisor:	<u>Same Place</u>		
4) Job Site Location:	City:	<u>PG #1</u>	State: _____
5) Years:	From:	<u>52</u>	To: <u>82</u>

1) Employer:	_____		
2) Occupation Code:	_____		
3) Name of Supervisor:	_____		
4) Job Site Location:	City:	_____	State: _____
5) Years:	From:	_____	To: _____

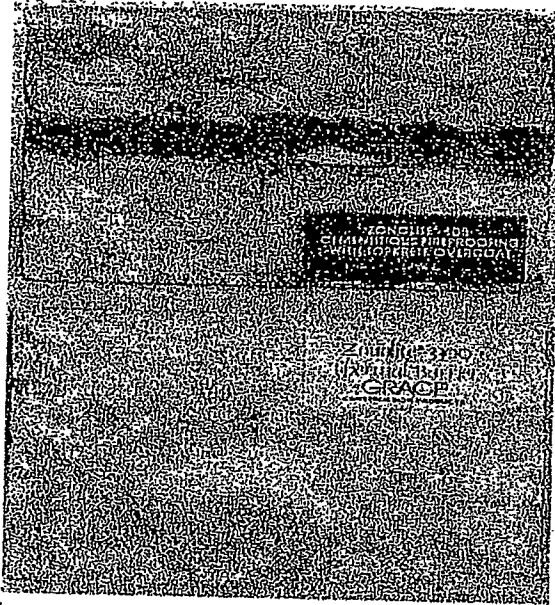
1) Employer:	_____		
2) Occupation Code:	_____		
3) Name of Supervisor:	_____		
4) Job Site Location:	City:	_____	State: _____
5) Years:	From:	_____	To: _____

REDACTED

Initial



Pg. 5

**Zonolite Fireproofing**

I worked WITH _____ this product.

I worked AROUND _____ this product.

*Don't Know***Please indicate where and when you used this product.**

1) Employer:	<i>Tin Smelter</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Austin Weeks</i>
4) Job Site Location:	<i>Tex City</i> City: <i>Patex</i> State <i>TX</i>
5) Years:	From: <i>46</i> To: <i>51</i> <i>63</i> ?

1) Employer:	<i>Messito</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Jim Hickey</i>
4) Job Site Location:	<i>Messito</i> City: <i>Tex City</i> State <i>TX</i>
5) Years:	From: <i>1952</i> To: <i>1982</i>

1) Employer:	<i>Stone Webster-United Eng'g</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Don't Know</i>
4) Job Site Location:	<i>Messito</i> City: <i>Tex City</i> State <i>TX</i>
5) Years:	From: <i>between</i> To: <i>1951-1952</i> ?

REDACTED

Initial



WR GRACE PIQ 017400-0041

Zonolite Fireproofing

I worked WITH _____ this product.

Pg. 5

I worked AROUND ☒ this product.

*If it was used at this
Dont know site!*

Please indicate where and when you used this product.

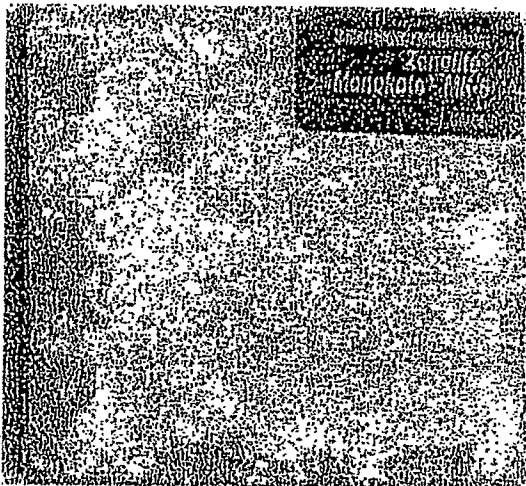
1) Employer:	<i>Monsanto Co</i>
2) Occupation Code:	<i>41 - 55</i>
3) Name of Supervisor:	<i>Same as pg 42</i>
4) Job Site Location:	<i>Texas City TX</i> State _____
5) Years:	From: <i>52</i> To: <i>82</i>

1) Employer:	_____
2) Occupation Code:	_____
3) Name of Supervisor:	_____
4) Job Site Location:	_____ City: _____ State _____
5) Years:	From: _____ To: _____

1) Employer:	_____
2) Occupation Code:	_____
3) Name of Supervisor:	_____
4) Job Site Location:	_____ City: _____ State _____
5) Years:	From: _____ To: _____

REDACTED

Initial

**Zonolite Monokote MK-5 Fireproofing**

I worked WITH _____ this product.

I worked AROUND _____ this product.

Don't know

Pg. 6

Please indicate where and when you used this product.

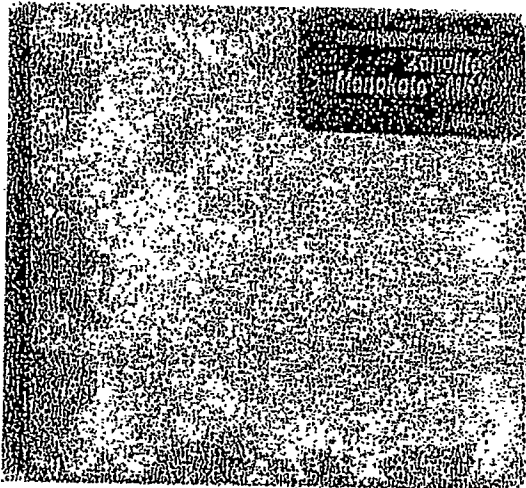
1) Employer:	<i>Tom Smeltzer</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Austin Weeks</i>
4) Job Site Location:	<i>TEXAS CITY</i> City: <i>TEXAS CITY</i> State: <i>TX</i>
5) Years:	From <i>46</i> To: <i>56</i>

1) Employer:	<i>Monsanto</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Jim Heckey</i>
4) Job Site Location:	<i>Monsanto</i> City: <i>TX City</i> State: <i>TX</i>
5) Years:	From <i>1952</i> To: <i>1985</i>

1) Employer:	<i>Stone-Webster Limited Eng's</i>
2) Occupation Code:	<i>41-55</i>
3) Name of Supervisor:	<i>Don't know</i>
4) Job Site Location:	<i>Monsanto</i> City: <i>TX City</i> State: <i>TX</i>
5) Years:	From: <i>between</i> To: <i>1951-1952 ??</i>

REDACTED

Initial

**Zonolite Monokote MK-5 Fireproofing**

I worked WITH _____ this product.

I worked AROUND ☒ this product.

WR GRACE PIQ 017400-0043

Pg. 6

*Don't Know***Please indicate where and when you used this product.**

1) Employer:	<i>Monsanto</i>
2) Occupation Code:	<i>41 - 55</i>
3) Name of Supervisor:	<i>Same</i>
4) Job Site Location:	<i>TEXAS City TX</i> State _____
5) Years:	From <i>52</i> To: <i>82</i>

1) Employer:	<i>Tin Smelter</i>
2) Occupation Code:	<i>41 - 55 operator</i>
3) Name of Supervisor:	_____
4) Job Site Location:	_____ City: _____ State _____
5) Years:	From <i>44</i> To: <i>51</i>

1) Employer:	_____
2) Occupation Code:	_____
3) Name of Supervisor:	_____
4) Job Site Location:	_____ City: _____ State _____
5) Years:	From: _____ To: _____

REDACTED

Initial



Pg. 1

Product Name:
I worked WITH _____ this product.
I worked AROUND _____ this product.
Please indicate where and when you used this product.
1) Employer:
2) Occupation Code: _____
3) Name of Supervisor: _____
4) Job Site Location: _____ City: _____ State _____
5) Years: From: _____ To: _____

Product Name:
I worked WITH _____ this product.
I worked AROUND _____ this product.
Please indicate where and when you used this product.
1) Employer:
2) Occupation Code: _____
3) Name of Supervisor: _____
4) Job Site Location: _____ City: _____ State _____
5) Years: From: _____ To: _____

Product Name:
I worked WITH _____ this product.
I worked AROUND _____ this product.
Please indicate where and when you used this product.
1) Employer:
2) Occupation Code: _____
3) Name of Supervisor: _____
4) Job Site Location: _____ City: _____ State _____
5) Years: From: _____ To: _____

Product Name:
I worked WITH _____ this product.
I worked AROUND _____ this product.
Please indicate where and when you used this product.
1) Employer:
2) Occupation Code: _____
3) Name of Supervisor: _____
4) Job Site Location: _____ City: _____ State _____
5) Years: From: _____ To: _____

all Asbestos
all Supervisors
are dead & gone
Initial and

REDACTED

?
Initial

Asbestos
All

?
Initial

DON'T Know
[Signature]

?
Initial



WR GRACE PIQ 017400-0045

Pg. 7

Product Name:	
I worked WITH _____ this product.	<i>Don't know</i>
I worked AROUND _____ this product.	
Please indicate where and when you used this product.	
1) Employer:	<i>Monro</i>
2) Occupation Code:	<i>Pipe Fitter</i>
3) Name of Supervisor:	<i>Ismael Kere</i>
4) Job Site Location:	<i>TEXAS City: TEX State TX</i>
5) Years: From: <i>82</i> To: <i>82</i>	

REDACTED

Initial

Product Name:	
I worked WITH _____ this product.	<i>Don't know</i>
I worked AROUND _____ this product.	
Please indicate where and when you used this product.	
1) Employer:	<i>TIN Smelter</i>
2) Occupation Code:	
3) Name of Supervisor:	<i>Quentin Weeks</i>
4) Job Site Location:	<i>TEXAS City: TEXAS State TX</i>
5) Years: From: _____ To: _____	

NOT sure
all as before

Initial

Product Name:	
I worked WITH _____ this product.	
I worked AROUND _____ this product.	
Please indicate where and when you used this product.	
1) Employer:	
2) Occupation Code:	
3) Name of Supervisor:	
4) Job Site Location:	City: _____ State _____
5) Years: From: _____ To: _____	

REDACTED

Initial

Product Name:	
I worked WITH _____ this product.	
I worked AROUND _____ this product.	
Please indicate where and when you used this product.	
1) Employer:	
2) Occupation Code:	
3) Name of Supervisor:	
4) Job Site Location:	City: _____ State _____
5) Years: From: _____ To: _____	

Initial

CAUSE NO. 98CV0678

REDACTED

CHARLES THOMAS CANTRELL, JR. AND
 NELLIE DAPAN CANTRELL; HAROLD
 CARLTON ALLEN AND JESSIE LEE ALLEN;
 DARWIN DOYLE CALHOUN AND
 CAROLYN SUE CALHOUN;

EDMUND GILLIS DOHERTY
 AND ETHEL LOUISE DOHERTY; WALTER
 JOSEPH DONOVAN AND BILLIE GRACE
 DONOVAN; JOHN EDWARD FABAIN;
 KENNETH WAYNE HOLLEMAN AND LENA
 FAYE HOLLEMAN; FRANK RAY; JOHN I.
 WIGGINS AND BEULAH WIGGINS;

Plaintiffs,

VS.

OWENS-CORNING FIBERGLAS
 CORPORATION; PITTSBURGH CORNING
 CORPORATION (successor to UNARCO
 INDUSTRIES, INC.); GARLOCK INC;
 CROWN CORK AND SEAL COMPANY, INC.
 (successor to MUNDET CORK COMPANY);
 METROPOLITAN LIFE INSURANCE
 COMPANY; FOSTER WHEELER ENERGY
 CORPORATION; W. R. GRACE & CO.-
 CONN. (successor to W. R. GRACE &
 COMPANY); THE ANCHOR PACKING
 COMPANY; NORTH AMERICAN
 REFRACTORIES COMPANY; PROKO
 INDUSTRIES, INC.; SYNKOLOID, A
 DIVISION OF MURALO CO., INC.;
 GEORGIA-PACIFIC CORPORATION
 (individually and as successor to BESTWALL
 GYPSUM COMPANY); MINNESOTA
 MINING AND MANUFACTURING
 COMPANY (a/k/a "3M"); U.S. MINERAL
 PRODUCTS COMPANY; THE FLINTKOTE
 COMPANY; HARBISON-WALKER
 REFRACTORIES COMPANY (formerly a
 division of INDRESCO INC.); UNIROYAL
 HOLDING, INC. (successor to U. S. RUBBER

IN THE DISTRICT COURT

GALVESTON COUNTY, TEXAS

EXHIBIT
 "C"



WR GRACE PIQ 017400-0047

COMPANY); KELLY-MOORE PAINT
 COMPANY, INC.; AQUA-CHEM, INC. (d/b/a
 CLEAVER-BROOKS DIVISION); RAPID-
 AMERICAN CORPORATION (as successor-by-
 merger to GLEN ALDEN CORPORATION,
 BRIGGS MANUFACTURING CO., PHILIP
 CAREY CORPORATION AND PHILIP
 CAREY MANUFACTURING COMPANY);
 KAISER ALUMINUM & CHEMICAL
 CORPORATION; COMBUSTION
 ENGINEERING, INC.; RILEY STOKER
 CORPORATION; GENERAL ELECTRIC
 COMPANY; GAF CORPORATION (successor
 to RUBEROID CORPORATION); U.S.
 GYPSUM COMPANY; A.P. GREEN
 INDUSTRIES (f/k/a A.P. GREEN
 REFRACTORIES COMPANY, a subsidiary of
 U.S. GYPSUM COMPANY); ARMSTRONG
 WORLD INDUSTRIES, INC. (successor to
 ARMSTRONG CORK COMPANY);
 ASBESTOS CLAIMS MANAGEMENT
 CORPORATION (c/o NEW NATIONAL
 GYPSUM COMPANY, f/k/a NATIONAL
 GYPSUM COMPANY); QUIGLEY
 COMPANY, INC.; GASKET HOLDINGS,
 INC., (successor to FLEXITALLIC GASKET
 COMPANY); DANA CORPORATION;
 GENERAL REFRACTORIES COMPANY; J.T.
 MORPE COMPANY; BROWN & ROOT,
 INC. (f/k/a BROWN & ROOT USA, INC.,
 BROWN & ROOT USA DELAWARE INC.
 which is the successor-in-interest to BROWN &
 ROOT USA INC.); ACandS, INC.; AND T&N
 plc (f/k/a TURNER & NEWELL PLC);
 GUARD-LINE, INC.; P.P.G. INDUSTRIES,
 INC.; (successor to PITTSBURGH CORNING
 CORPORATION); MONSANTO COMPANY, a
 Delaware Corporation (f/k/a MONSANTO
 CHEMICAL COMPANY); UNION CARBIDE
 CORPORATION; AMOCO CORPORATION;
 AMOCO OIL COMPANY; AMOCO
 CHEMICAL COMPANY; MARATHON OIL
 COMPANY (f/k/a USS HOLDINGS
 COMPANY); MARATHON PETROLEUM

56th JUDICIAL DISTRICT

Defendants.

PLAINTIFFS' ORIGINAL ASBESTOS PETITION/TEXAS EXPOSURE AND/OR TEXAS RESIDENT Page 3
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**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

IN RE:

Chapter 11

W.R. GRACE & CO., et al.

Case No. 01-01139 (JKF)

Jointly Administered

Debtors.

CLAIMANT PRIVILEGE LOG

("Claimant") hereby submits the following log of documents and/or information withheld as privileged and/or subject to the other protection in response to the W.R. Grace Asbestos Personal Injury Questionnaire:

Date of itemDescription of item or information withheld

6/29/98

Mining report by Russell McDonald

Respectfully Submitted,

REDACTED

REDACTED